


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18038** (0)  
1. Corporation Name  
**COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY**



Principal Place of Business <b>11044 RESEARCH BLVD., BLDG A, 5TH FLOOR AUSTIN TX 78759</b>	Mailing Address <b>P.O. BOX 200225 AUSTIN TX 78720-0225 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/16/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>75-0956156</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Chairman of the Board</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CRANE, LOUIS</b>	1.2 NAME	<b>T. O'Neal Douglas</b>
STREET ADDRESS	<b>11044 RESEARCH BLVD, BLDG A #500</b>	1.3 STREET ADDRESS	<b>1776 American Heritage Life Dr.</b>
CITY-ST-ZIP	<b>AUSTIN TX</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32224</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PINKHAM, MIKE L.</b>	2.2 NAME	<b>C. Richard Morehead</b>
STREET ADDRESS	<b>11044 RESEARCH BLVD, BLDG A #500</b>	2.3 STREET ADDRESS	<b>1776 American Heritage Life Dr.</b>
CITY-ST-ZIP	<b>AUSTIN TX</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32224</b>
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ATHENS, ZACK G.</b>	3.2 NAME	<b>James R. Huffines</b>
STREET ADDRESS	<b>11044 RESEARCH BLVD, BLDG A #500</b>	3.3 STREET ADDRESS	<b>901 S. Mopac Expressway, Bldg. IV #100</b>
CITY-ST-ZIP	<b>AUSTIN TX</b>	3.4 CITY-ST-ZIP	<b>Austin, TX 78746</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORMAN, BRIAN D.</b>	4.2 NAME	<b>Monroe M. Luther</b>
STREET ADDRESS	<b>11044 RESEARCH BLVD</b>	4.3 STREET ADDRESS	<b>1000 Campbell Rd., Suite 208-203</b>
CITY-ST-ZIP	<b>AUSTIN TX</b>	4.4 CITY-ST-ZIP	<b>Houston, TX 77055</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOY J. LLOYD</b>	5.2 NAME	
STREET ADDRESS	<b>11044 RESEARCH BLVD, BLDG A #500</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUSTIN TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Senior Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIRE, EDWARD A.</b>	6.2 NAME	<b>Frank T. Allen, III</b>
STREET ADDRESS	<b>11044 RESEARCH BLVD, BLDG A #500</b>	6.3 STREET ADDRESS	<b>11044 Research Blvd., Bldg. A#500</b>
CITY-ST-ZIP	<b>AUSTIN TX</b>	6.4 CITY-ST-ZIP	<b>Austin, TX 78759</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ 4 7 28 800-880-1370

CR2E034 (10/97)